FLH File No. 450117-02808 FROMMER LAWRENCE & HAUG LLP

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention ENTITLED:

DEMODULATION STRUCTURE AND METHOD			
the specification of which			
x is attached hereto.			
was filed on	as Application Se	rial No	
with amandment(s) through		(if applicable, give dates).	
the claims, as amended by any amendment refe I acknowledge the duty to disclose to be material to patentability as defined in the patent or inventor's certificate listed inventor's certificate having a filing date Prior Foreign Application(s) [lister of the patent or inventor's certificate listed inventor's certificate having a filing date Number:	rred to above. to the United States Pa n Title 37, Code of Fa efits under Title 35, l below and have also id before that of the app st additional applicati	entified below any foreign application for patent or lication on which priority is claimed:	
below and, insofar as the subject matter of States application in the manner provided by duty to disclose to the United States Patent patentability as defined in Title 37, Code of date of the prior application and the nation	each of the claims of the first paragraph of and Trademark Office of Federal Regulations, and or PCT internations	Code, § 120 of any United States application(s) listed this application is not disclosed in the prior United of Title 35, United States Code § 112, I acknowledge the all information known to me to be material to , Sec. 1.56, which became available between the filing al filing date of this application:	
Prior U.S. Application(s) [list add Appln. Ser. Number: Filed (Day/M	intional applications on onth/Year):	Status (patented, pending, abandoned):	
or their duly appointed associate, my attoriapplication, to make alterations and amendmereceive the Patent, and to transact all bus therewith, and specify that all communication address: WILLIAM S. FROMMER C/O FROMMER LAWRENCE & HAUG LLP 745 Fifth Avenue	neys, with full power of ents therein, to file iness in the Patent and ons about the applicat	25,506 , and DENNIS M. SMID , Registration No. 34,930 of substitution and revocation, to prosecute this continuation and divisional applications thereof, to d Trademark Office and in the Courts in connection ion are to be directed to the following correspondence Direct all telephone calls to: (212) 588-0800 to the attention of: WILLIAM S. FROMMER	
I hereby declare that all statement information and belief are believed to be twillful false statements and the like so ma Title 18 of the United States Code and that or any patent issued thereon. INVENTOR(S):	rue; and further that	on knowledge are true and that all statements made on these statements were made with the knowledge that ine or imprisonment, or both, under Section 1001 of atements may jeopardize the validity of the application Date:	
Signature: Full name of sole or first inventor: Residence: Citizenship:	Gerald OBERSCHMIDT Bruchsal, Germany Germany		
Signature: Full name of 2nd joint inventor (if any): Residence: Citizenship:	Veselin BRANKOVIC Esslingen, Germany Yugoslavia	Date:	
Signature: Full name of 3rd joint inventor (if any): Residence: Citizenship:	Dragan KRUPEZEVIC Stuttgart, Germany Yugoslavia		
<pre>[Similarly list additional inventors on separate page] Post Office Address(es) of inventor(s): [if all inventors have the same post office address]</pre>		SONY International (Europe) GmbH Kemperplatz 1 D-10785 Berlin GERMANY ntities, each inventor and any other individual or entit	

Note: In order to qualify for reduced fees available to Small Entities, each inventor and any other individual or entity having rights to the invention must also sign an appropriate separate "Verified Statement (Declaration) Claiming [or Supporting a Claim by Another for] Small Entity Status" form [e.g. for Independent Inventor, Small Business Concern, Nonprofit Organization, individual Non-Inventor].

Note: A post office address must be provided for each inventor.

Signature:	Tino KONSCHAK Stuttgart, Germany Germany	Date:
Signature:	Thomas DÖLLE Stuttgart, Germany Germany	Date:

Page 2 of 2